

July 2,nd 2005

HON. M. JANE BRADY
DELAWARE ATTORNEY GENERAL
620. N. FRENCH ST. 12th FLOOR
WILMINGTON DELAWARE 19801

RE: ATTACHED AND REQUEST FOR INTERNAL INVESTIGATION (CRIMINAL)

DEAR ATTNY GEN BRADY,

THE DEPUTY WARDEN* HAS MEMO'S
GRIEVANCES ETC. RELATIVE TO THE ATTACHED INCIDENT OF
CRIMINAL CONDUCT AGAINST MY PERSON AND ON-going C.R.I.P.A.
VIOLATIONS AT S.H.U. - M.H.U. AT D.C.C. SMYRNA.

I AM REQUESTING THAT SOMEONE FROM DEL.
STATE POLICE CONTACT ME HENCE-FORTH AND THAT AN
INDEPENDENT INVESTIGATION IS** CONDUCTED.

I HOPE TO HEAR FROM YOU WITHIN 30 DAYS
HENCEFORTH.

XC: FILE
ATTACHMENTS (4)

* D.E. PIERCE JR.

** 10 DEL.C. § 4001 TO 4010

SINCERELY YOURS
x Shane Hopkins
SHANE HOPKINS
253914 S.H.U #17
1151 Paddock Rd.
SMYRNA DELAWARE
19977-9679

Exhibit "E"

* REGISTERED RETURN RECEIPT REQUESTED *

Date: July 5th 2005 <sup>11.00
7.50
1.75</sup>Pay-To: DELAWARE CORRECTIONAL CENTERAmount: \$ 10.31The Sum of: tenand Cents 31REGISTERED
MAIL
PLEASE

Address to whom sent:

M. JANE BRADY
DELAWARE ATTORNEY GENERAL
820 N. FRENCH ST. 12th FLOOR
WILMINGTON DELAWARE 19801SBI# 253918Shane HopkinsLog # Check # Date of Ck

Form #34 (rev 3/03)

* REGISTERED RETURN RECEIPT REQUESTED *

Date: July 5th 2005Pay-To: DELAWARE CORRECTIONAL CENTERAmount: \$ 10.31The Sum of: tenand Cents 31REGISTERED
MAIL
PLEASE

Address to whom sent:

DREWRY NASH FENWELL ESQ.
A.C.L.U. OF DELAWARE
100 W. TENTH ST
SUITE 309
WILMINGTON DE. 19801SBI# 253918Shane Hopkins
Inmate SignatureLog # Check # Date of Ck

REC-8-13-05

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JANE BRADY
820 N. French St.
Wilmington, DE
19977

2. Article Number

(Transfer from service label)

RR 486 946 219 US

COMPLETE THIS SECTION ON DELIVERY

A. Signature

* *Charles J. Surin* ☐ Agent ☐ Addressee

B. Received by (Print Name)

Charles J. Surin

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail
☒ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes